MONTANA STATE HOSPITAL
POLICY AND PROCEDURE

PROCEDURE FOR OBTAINING INFORMED CONSENT FOR MEDICAL & SURGICAL PROCEDURES

Effective Date: August 22, 2006 **Policy #:** PH-07

I. PURPOSE: To ensure that any patient receiving surgery, dental surgery, or invasive medical procedures will be fully informed as to all risks, benefits, and alternatives prior to giving consent.

II. POLICY:

A. Patients undergoing any routine medical, dental or surgical procedures will be given full information as to the risks, benefits, and alternatives of the procedure by a person knowledgeable and experienced about the procedure. Appropriate informed consent will be obtained in all cases. If the patient is not competent to make such decisions, such information will be given to and consent obtained from the legally appointed guardian.

B. In case of medical emergencies where time is of the essence in saving the patient's life, the above policy may not be followed, and the emergent needs of the patient are met with acceptable standards of medical practice.

III. DEFINITIONS: None

IV. RESPONSIBILITIES:

A. For all procedures performed at Montana State Hospital;

1. The Medical Clinic Assistant is responsible for insuring that a signed "Informed Consent for Medical/Surgical Procedures" form is in the patient's file prior to the beginning of the procedure.

2. All other responsibilities are as per the procedure guidelines of the policy listed below.

V. PROCEDURE:

A. All surgical, dental, or medical procedures involving risk to the patient will require a signed "Informed Consent For Medical/Surgical Procedures" form before that procedure is begun.

B. All patients will be informed of the risks, benefits, and alternatives by the physician/dentist performing the procedure or a qualified designee familiar and knowledgeable about the procedure. The patient or legal guardian after being informed may sign the form. The signed informed consent form will become a part of the patient's permanent file.

C. If the procedure is being performed at Montana State Hospital, the "Informed Consent For Medical/Surgical Procedures" form will be prepared including:

1. The patient's name and number;
2. The responsible party and their relationship to the patient;
3. The procedure to be performed;
4. The physician or dentist who will perform the procedure;
5. A statement as to why the procedure is necessary.

D. If the procedure is not being performed at Montana State Hospital, a form will be completed stating the patient's name and number, the responsible party, and their relationship to the patient, whether or not the patient is competent to make decisions about medical treatment, and if the patient is not competent, the name of the guardian along with the guardian's address and phone number. Montana State Hospital staff may assist by calling the guardian and preparing them for a phone call from the person performing the procedure, and making certain that person will be available at certain times so as to expedite the obtaining of an informed consent form by the provider of the service. The provider is responsible for obtaining a signed consent form for patients treated outside Montana State Hospital.

E. If the procedure involves contrast material being injected into the patient's body, an additional informed consent for contrast material is required.

VI. REFERENCES: None

VII. COLLABORATED WITH: Medical Staff, Medical Clinic

VIII. RESCISSIONS: #PH-07, *Procedure for Obtaining Informed Consent for Medical and Surgical Procedures* dated March 31, 2003; #PH-07, *Procedure for Obtaining Informed Consent for Medical and Surgical Procedures* dated February 14, 2000; HOPP #PH-04-96-R, Procedure for Obtaining Informed Consent for Medical and Surgical Procedures, dated September 1996.

IX. DISTRIBUTION: All hospital policy manuals.

X. REVIEW AND REISSUE DATE: August 2009

XI. FOLLOW-UP RESPONSIBILITY: Medical Director

XII. ATTACHMENTS:

A. Informed Consent for Medical/Surgical Procedures Form
B. Consent Information Form

_____/___/__		_____/___/__	
Ed Amberg	Date	Thomas Gray, MD	Date
Hospital Administrator		Medical Director	

Patient Name: _____

MSH #: _____

MONTANA STATE HOSPITAL
INFORMED CONSENT FOR MEDICAL/SURGICAL PROCEDURES

I, _____, a resident of _____ being (the _____ of _____), a patient of Montana State Hospital, do hereby give my consent to Dr. _____ of Montana State Hospital to perform

_____

_____.

I have discussed the above procedure with my physician, Dr. _____, who has explained to me, to my satisfaction, the details and the reason for doing the procedure. I have also been explained and have understood the possible complications associated with the procedure which can include _____

_____

_____

Any other alternatives have been discussed with me. I understand that the only anesthesia that may be used will be local anesthesia. I authorize the hospital staff to examine and to preserve for scientific purposes or otherwise to dispose of any tissues or parts which may be removed. I am aware of the risks associated with this procedure and I hereby relieve the State, the Chief Executive Officer/Medical Director and the physician(s) performing the procedure of all responsibility for any unfavorable outcome in the course of or resulting from this surgery. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

_____ _____
Witness Signature of patient/guardian

_____ _____
Date Signature of Physician

MONTANA STATE HOSPITAL

CONSENT INFORMATION FORM

**Note to provider: The following information is provided to aid you in obtaining informed consent for patients referred to you by Montana State Hospital.*

PATIENT'S NAME: _____ HOSPITAL #: _____

GUARDIAN:

_____ _____
Name Relationship to Patient

_____
Address

_____

_____
Phone Number

Responsible Party

_____
Name

_____
Address

_____

_____
Phone Number

Montana State Hospital Contact:

_____
Name

_____
Phone Number

COMPETENCY STATEMENT

The above-named patient is being transferred to _____
Name of Hospital/Physician

for _____
procedure/treatment

_____ He/She is competent to give consent for the procedure/treatment

_____ He/She is not competent to make medical decisions and has been assigned a guardian.

_____ _____
Date Psychiatrist's Signature